

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.  
★ NOV 22 2016 ★  
LONG ISLAND OFFICE

CAROL HALPERN

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

NORTHWELL HEALTH

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. **CV-16 6484**  
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☒ No  
(check one)

BIANCO, J.

LOCKE, M. J.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>CAROL HALPERN</u>
Street Address	<u>67 COLGATE RD</u>
City and County	<u>GREAT NECK, NY</u>
State and Zip Code	<u>N.Y. 11023</u>
Telephone Number	<u>516 466 3823</u>
E-mail Address	<u>CAHALPERN@AOL.COM</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>NORTHWELL HEALTH</u>
Job or Title (if known)	<u>PLAN ADMINISTRATOR</u>
Street Address	<u>1111 MARCUS AVE</u>
City and County	<u>LAKE SUCCESS</u>
State and Zip Code	<u>N.Y. 11042</u>
Telephone Number	<u>516 734 7000</u>
E-mail Address (if known)	<u>N/A</u>

**Defendant No. 2**

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____

State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

**Defendant No. 3**

Name \_\_\_\_\_  
Job or Title \_\_\_\_\_  
(if known) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

**Defendant No. 4**

Name \_\_\_\_\_  
Job or Title \_\_\_\_\_  
(if known) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City and County \_\_\_\_\_  
State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known) \_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

ERISA SECTION 502(a)

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_. Or is a citizen of *(foreign nation)* \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is  
incorporated under the laws of the State of (name)  
\_\_\_\_\_, and has its principal place of  
business in the State of (name) \_\_\_\_\_. Or is  
incorporated under the laws of (foreign nation)  
\_\_\_\_\_, and has its principal place of  
business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an  
additional page providing the same information for each additional  
defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant  
owes or the amount at stake—is more than \$75,000, not counting interest  
and costs of court, because *(explain)*:

---

---

---

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as  
briefly as possible the facts showing that each plaintiff is entitled to the damages or other  
relief sought. State how each defendant was involved and what each defendant did that  
caused the plaintiff harm or violated the plaintiff's rights, including the dates and places  
of that involvement or conduct. If more than one claim is asserted, number each claim  
and write a short and plain statement of each claim in a separate paragraph. Attach  
additional pages if needed.

MY ERISA RIGHTS WERE VIOLATED.  
MONETARY RELIEF IS SOUGHT. SHORT-TERM DISABILITY  
CLAIM WAS DENIED AS OF 02/08/16.

---

---

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

SHORT TERM DISABILITY FOR 11 WEEKS  
AT \$692.31 Totaling \$7,615.41

COURT COSTS = \$400

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: NOV 22, 2016

Signature of Plaintiff

Carol Halpern

Printed Name of Plaintiff

CAROL HALPERN